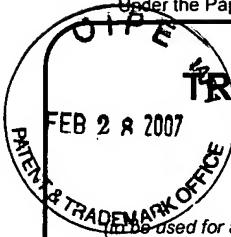


03-02-07

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031  
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## TRANSMITTAL FORM

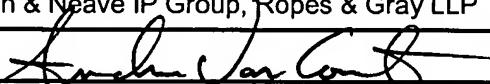
(Use this stamp for all correspondence after initial filing)

|  |  |                      |                  |
|--|--|----------------------|------------------|
|  |  | Application Number   | 10/809,285       |
|  |  | Filing Date          | March 24, 2004   |
|  |  | First Named Inventor | Anthony M. Zador |
|  |  | Art Unit             | 2863             |
|  |  | Examiner Name        | Toan M. Le       |
| Total Number of Pages in This Submission |  | Attorney Docket No.  | CSHL/011         |

### ENCLOSURES (Check all that apply)

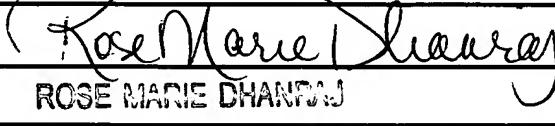
|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):<br>Return Receipt Postcard. |
| <div style="border: 1px solid black; padding: 2px;">Remarks</div> <p>The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, to Deposit Account No. 06-1075 (Order No. 000927-0038). A duplicate copy of this letter is enclosed.</p>  |  |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |                  |        |
|--------------|---|------------------|--------|
| Firm Name    | Fish & Neave IP Group, Ropes & Gray LLP   |                  |        |
| Signature    |  |                  |        |
| Printed name | Andrew Van Court  |                  |        |
| Date         | February 28, 2007   | Registration No. | 48,506 |

### CERTIFICATE OF MAILING UNDER 37 CFR 1.10 EXPRESS MAIL LABEL NO. EV930025371US

I hereby certify that this correspondence is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

|                       |  |
|-----------------------|--|
| Signature             |  |
| Typed or printed name | ROSE MARIE CHANEY  |
| Date                  | February 28, 2007  |



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEES TRANSMITTAL

## For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$600.00)

### Complete If Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/809,285       |
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| First Named Inventor | Anthony M. Zador |
| Examiner Name        | Toan M. Le       |
| Art Unit             | 2863             |
| Attorney Docket No.  | CSHL/011         |

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 06-1075, Order No. 000927-0038  
Deposit Account Name: Fish and Neave IP Group

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |              | SEARCH FEES |              | EXAMINATION FEES |              |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|
|                  | Fee (\$)    | Small Entity | Fee (\$)    | Small Entity | Fee (\$)         | Small Entity |
| Utility          | 300         | 150          | 500         | 250          | 200              | 100          |
| Design           | 200         | 100          | 100         | 50           | 130              | 65           |
| Plant            | 200         | 100          | 300         | 150          | 160              | 80           |
| Reissue          | 300         | 150          | 500         | 250          | 600              | 300          |
| Provisional      | 200         | 100          | 0           | 0            | 0                | 0            |

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims   | Fee (\$) | Fees Paid (\$) | Small Entity |
|--------------|----------------|----------|----------------|--------------|
| 53           | - 53 or HP = 0 | x 0.00   | = 0.00         | Fee (\$)     |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims  | Fee (\$) | Fees Paid (\$) |
|---------------|---------------|----------|----------------|
| 12            | - 6 or HP = 6 | x 100.00 | = 600.00       |

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

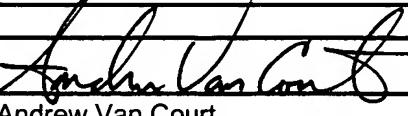
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 =      | /50 =        | (round up to a whole number)                     | x        | =             |

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

##### SUBMITTED BY

|                   |   |   |                        |
|-------------------|---|---|------------------------|
| Signature         |  | Registration No. 48,506<br>(Attorney/Agent) | Telephone 212-596-9000 |
| Name (Print/Type) | Andrew Van Court  |   | Date February 28, 2007 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.